

PART B - FEE(S) TRANSMITTAL

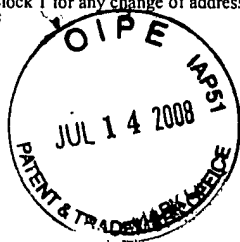
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23373

CUSTOMER NUMBER

SUGHRUE MION, PLLC
2100 PENNSYLVANIA AVENUE, NW
SUITE 800
WASHINGTON, DC 20037



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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/576,753 | 04/21/2006 | Junichi KOBAYASHI | Q94259 | 6071 |

TITLE OF INVENTION: AMINO ALCOHOL DERIVATIVES, MEDICINAL COMPOSITION CONTAINING THE SAME, AND USE OF THESE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1440.00 | \$300.00 | \$0.00 | \$1,740.00 | 07/17/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| Brian J DAVIS | 1621 | 564-337000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.

2. For printing on the patent front page list
1 Sughrue Mion, PLLC
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
2
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

KISSEI PHARMACEUTICAL CO., LTD. Nagano, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).
☒ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Peter D. Olexy

Date

July 14, 2008

Typed or Printed Name

Peter D. Olexy

Registration No.

24,513

07/15/2008 AWONDAF2 00000022 194880 10576753

Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

01 FC:1501 1440.00 DA
02 FC:1504 300.00 DA

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| | |
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| 4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form 1310-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form). <input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. |
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Authorized Signature _____ Date July 14, 2008

Typed or Printed Name Peter D. Olexy Registration No. 24,513